								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003							RD			lo	(30	ny	
-	OTAL OLAMAIO		S FILED - PART (Column 1) (Column 2)			umn 2)		SMALL ENTITY TYPE		OR		R THAN ENTITY	
TOTAL CLAIMS			14					RATE	FEE	7	RATE	FEE	
FOR						BER EXTRA		BASIC FEE 375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			14 mi	nus 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P)			2	X42			OR	X84=	168	
_								+140=		OR	+280=		
			less than zero, enter "0" in column 2				-	TOTAL		OR	TOTAL		
7-	29-03	LAIMS AS A	MENDED - PART II								OTHER		
		CLAIMS	(Column 2 HIGHEST			(Column 3)	Ė	MALL	ENTITY	OR T	SMALL		
AMENDMENTA		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE/		RATE	ADDI- TIONAL FEE	
	Total	* 19	Minus	** 20	7	= 8		X\$ 9=		OR	X\$18=	/	
AME	Independent	* 5	Minus	P	-	-0		X42=	/	OR	X84= /		
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140= /	/		+280=		
9,10-14-44				U			L	TOTAL	-	OR OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							DIT. FEE		JOH ,	ADDIT. FEE	<u> </u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	* NTATION OF MU	Minus	PENDENT	CLAIM	=	7	K42=		OR	X84=		
	**						+	140=		OR	+280=		
							ADD	TOTAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											00, 22.		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	R	IATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	fiek		=	X	(42=		ŀ	X84=		
ليا	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM					OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	+280=		
Rate A	f the "Highest Nur If the "Highest Nur	nber Previously Pa πber Previously Pa ber Previously Paid	id For IN THI: id For IN THI	S SPACE is I S SPACE is	less than	20, enter "20."	ADD	IT. FEE			TOTAL DDIT. FEE		
		· · · · · · · · · · · · · · · · · ·	Liviai oi	"incheimal	ny is use	ப்பிர்க் புரபும் 61.	LOUNG I	n me abt	nobliate pox	in colu	ma 1.	ŀ	